

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101597, 147

FILING DATE

7-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	/		/			
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17		2		1		
18	/		/			
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49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	14	←	13	←		←
TOTAL CLAIMS	19		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS						